



# GOVERNMENT OF PUERTO RICO

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Department of Health  
Medicaid Program

## Provider Application Fee Instructions

Pursuant to 42 CFR § 455.420 and 455.460, state Medicaid programs must collect an application fee for new provider applications, re-validations, and re-enrollments/reactivations due to being terminated for any reason. The application fee is intended to cover the cost of the Medicaid Program's provider screening. The following providers are exempt from the application fee:

- Individual providers or non-physician practitioners
- Providers who are enrolled with Medicare
- Providers who paid the application fee to either Medicare or another state Medicaid plan

The application fee for 2024 is \$709.00. A bank manager's check (cashier's check) or money order is required to pay the fee. You must include the following information with the payment:

- Provider's name as indicated on the application
- Provider's National Provider Identifier (NPI)\*
- Provider's Application Tracking Number (ATN)

The bank manager's check (cashier's check), or money order should be paid to the order of: "**Secretario de Hacienda**".

The bank manager's check (cashier's check) or money order should be mailed to:

**Puerto Rico Medicaid Program**

Provider Enrollment Unit

PO Box 70184

San Juan, PR 00936-8184

\*Non-Emergency Medical Transportation (NEMT) providers who do not have an NPI must include their Tax ID.